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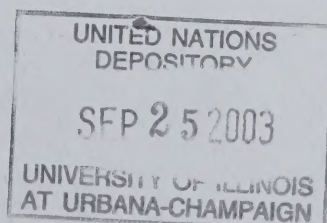
OTHER ISSUES

**TRADITIONAL PRACTICES AFFECTING THE HEALTH OF
WOMEN AND THE GIRL CHILD**

**Seventh report on the situation regarding the elimination of traditional
practices affecting the health of women and the girl child, produced
by Ms. Halima Embarek Warzazi pursuant to Sub-Commission
resolution 2002/26***

* In accordance with General Assembly resolution 53/208, paragraph 8, this document is submitted late so as to include the most up-to-date information possible.

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CONTENTS

	<i>Paragraphs</i>	<i>Page</i>
Introduction	1 - 5	3
I. NATIONAL LEGISLATIVE MEASURES AND PROGRAMMES	6 - 30	4
A. Review of legislative measures and programmes based on information contained in previous reports of the Special Rapporteur and the Secretary-General	6 - 22	4
B. Other sources of information	23 - 30	6
II. REGIONAL AND INTERNATIONAL INITIATIVES	31 - 51	8
III. CONSIDERATION OF DEVELOPMENT OF THE MANDATE	52 - 57	13
IV. CONCLUSIONS	58 - 64	15

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E/CN.4/
Sub.2/
2003/
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ST/D
Government Document
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E/CN.4/Sub.2/2003/30
page 3

Introduction

1. In its resolution 1998/16, the Sub-Commission on the Promotion and Protection of Human Rights recommended that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child should be extended to ensure the completion of her task, as called for in its resolution 1996/19, and at the same time to enable her to follow up recent developments at all levels, including the General Assembly. In 2000 the Sub-Commission and the Commission on Human Rights extended the mandate of the Special Rapporteur. In its resolution 2002/26, the Sub-Commission requested the Special Rapporteur to submit an updated report at its fifty-fifth session. This seventh report is thus submitted pursuant to the resolutions referred to above.
2. After 7 years of carrying out her mandate, and almost 20 years of growing attention by the international community to harmful traditional practices, the Special Rapporteur believes it is time to review the situation and to consider how to develop her mandate in future. She notes the contradiction between the relatively small number of respondents to the letters sent by the Secretariat, on one hand, and the growing importance of the issue known as "harmful traditional practices", on the other. This year no official requests for information were sent out. Nevertheless, she received information from organizations working in the field, passed on by the Inter-African Committee on traditional practices affecting the health of women and the girl child in Africa, to which the Special Rapporteur would like to express her thanks. The Special Rapporteur also wishes to express her gratitude to private individuals who continue to convey to her information arising from their research regarding traditional practices and their personal assessments of particular cases.
3. Despite the disappointment voiced in previous reports, the Special Rapporteur notes that mobilization within the societies affected by the phenomenon of harmful traditional practices remained a force for positive change, albeit slow and uneven, depending on the particular practice concerned. She regards it as an encouraging sign that harmful traditional practices are receiving ever-increasing attention at the national, regional and international levels. The growing interest in these issues shown by other human rights mechanisms is also to be noted. The Special Rapporteur further notes that the General Assembly has given the Secretary-General a mandate for examining harmful traditional practices.
4. In this report the Special Rapporteur wishes to carry out a review of the information supplied to her since 1996 and information submitted to the Secretary-General concerning national initiatives, legislative or otherwise. The coexistence of her own mandate and that of the Secretary-General will enable the Special Rapporteur to make use of a more extensive body of information.
5. The Special Rapporteur will devote part of her report to a review of the various national legislative measures and programmes brought to her attention, followed by an account of the recent regional initiatives designed to combat female genital mutilation (FGM). She will conclude by offering her thoughts on the possible development of her mandate. In this regard she recalls that for the past three years she has been asking for priority attention to be paid to harmful practices such as crimes of honour, which require urgent, concerted action by the international community, combined with respect for the culture of the regions and countries most affected, as well as to other traditional practices which continue to be neglected by the

international community owing to a lack of information which could have been supplied by non-governmental organizations (NGOs) in the regions concerned. This has been part of her more general attempt to examine harmful practices other than female genital mutilation, in respect of which she notes the emergence of an international, regional and often even national consensus on combating such practices. The Special Rapporteur notes that the various practices she encounters are increasingly closely related to, and addressed in the context of, violence against women, or may be considered a form of violence.

I. NATIONAL LEGISLATIVE MEASURES AND PROGRAMMES

A. Review of legislative measures and programmes based on information contained in previous reports of the Special Rapporteur and the Secretary-General

6. Methods of combating harmful traditional practices differ greatly from one region to another and depending on the practice concerned. The main practices referred to in legislative measures and programmes are female genital mutilation and, more generally, violence against women. Crimes of honour are also a common subject of debate.

7. The following information is based on the reports of the Special Rapporteur from the years 1996 to 2002,¹ on information supplied by countries responding² to the Secretary-General, contained in his reports from 1999 to 2002,³ and on information from external sources. All the information is examined on a regional basis, with a view to identifying the main trends.

Western countries

8. While it is clear that all countries in this group⁴ are mainly concerned with combating female genital mutilation, two separate trends may be discerned with regard to the steps taken. On the one hand, the Scandinavian and the English-speaking countries tend to adopt specific legislative measures on the subject,⁵ either by drafting criminal laws or by inserting new articles into their Penal Codes, in order to criminalize female genital mutilation. Some of these measures reflect the principle of extraterritoriality, and thus provide for the prosecution of anyone committing such crimes abroad. This is true in Sweden, for example, where the aiding and abetting of, as well as attempted mutilation, are punishable by law.⁶

9. The three English-speaking countries in the region to have supplied relevant legal information have adopted very similar legislative measures.⁷ All of them make excision, infibulation or any other form of mutilation, involving either the labia majora or minora, or the clitoris, punishable by law, with one exception: if the operation is carried out by a person legally authorized to practice medicine with a view to protecting the health of the patient, the act is not punishable. Canadian law states that the physical health of the individual must be taken into account while, in New Zealand and the United Kingdom, the law also refers to mental health.

10. The Scandinavian and the English-speaking countries which provided information about laws to tackle the problem of female genital mutilation,⁸ have all developed national programmes of action to put a stop to this practice. With the exception of Finland, these countries, through their national development agencies, help to fund programmes of action in developing countries where female genital mutilation is practised.

11. The other trend, particularly in European countries,⁹ is to use the existing criminal law to make female genital mutilation, and other harmful traditional practices, an offence. Some of these countries have also developed programmes of action.¹⁰

12. Some countries in the group have launched programmes and campaigns to raise awareness of crimes of honour¹¹ and have passed legislation to deal with this type of offence by declaring crimes of honour to be punishable under existing articles of the Penal Code.¹²

13. Interestingly, the United Kingdom is the only country in the group to state that it has made a close study of the problem of forced marriage.¹³

Eastern Europe

14. Only two countries¹⁴ have sent the Special Rapporteur and the Secretary-General information about relevant laws and programmes; both refer to programmes and measures to tackle violence against women.

Africa

15. African countries are concentrating their efforts on tackling the practice of female genital mutilation.¹⁵ Most of these countries are crafting laws with criminal effect or amending articles of their penal codes to criminalize genital mutilation directly.¹⁶ In these laws, excision is defined in different ways. Some countries prefer to describe in detail the types of female genital mutilation constituting a criminal offence. Ghana is one example. Its Penal Code makes it an offence for any person to excise, infibulate or otherwise mutilate another person's labia minora, labia majora or clitoris.¹⁷ Furthermore, the Ghanaian Penal Code gives a precise definition of excision and infibulation. Other countries have confined themselves to a more general definition, such as Djibouti, whose Penal Code criminalizes violence involving genital mutilation.¹⁸ Some national legislation contains articles debarring any medical or paramedical professional from practising medicine for a specified number of years in the event that he or she performs female genital mutilation.¹⁹

16. As well as making laws, some of these countries have developed programmes focusing mainly on awareness-raising, education and information. For example, Burkina Faso²⁰ states that its National Committee for Combating the Practice of Excision is an inter-ministerial structure decentralized into 30 provincial committees. Its mission is to integrate information and education, work with institutions, develop the provincial committees, pursue research on the problem of excision, and supervise, follow up and evaluate various activities. The Committee has also developed lobbying and awareness-raising programmes for young people.

17. Very few African countries are taking action to address harmful traditional practices other than female genital mutilation. Ghana,²¹ however, has amended its Penal Code to criminalize customary or ritual enslavement of any kind, in particular the practice of trokosi, whereby families give virgin girls to priests as appeasement for past crimes committed by family members. Guinea²² states that it makes no distinction between men and women as regards inheritance, and that the minimum age at marriage has been raised to 17 years for girls. Mauritius²³ is taking a wide range of measures to tackle violence against women.

Latin America

18. Latin American countries²⁴ are taking resolute action against harmful traditional practices by passing laws and pursuing programmes to combat violence against women and sometimes, in a more general sense, gender-based discrimination. Certain countries have also undertaken legislative reforms with a view to stamping out the practice of early marriage.²⁵ Guatemala, under its national plan, is not only addressing the problems of violence against women and early marriage, but is also implementing a wide-ranging plan of action adopted in 1998 to counter traditional practices affecting the health of women and children; the plan is apparently having a positive impact on practices such as son preference, early marriage, the civil status of women and violence against women and children.²⁶

Asia

19. No general trend can be discerned in Asian countries,²⁷ save the fact that genital mutilation has never been addressed as such in these countries' reports.²⁸

20. Some of these countries are putting emphasis on programmes to promote women's health and combat violence against women, without singling out any particular traditional practice.²⁹

21. Others are targeting a very specific practice. For example, Nepal states that it has passed a law banning the practice of *deuki*, which involves dedicating girls to a god and making them temple prostitutes.³⁰ Turkey has taken legislative measures to raise the minimum age at marriage for girls and has prepared a bill to repeal the legal provisions that reduce penalties for crimes of honour.³¹ Israel has introduced a bill criminalizing the ritual genital operation practised by the Bedouin.³² The Maldives has laid down that the minimum age at marriage for girls and boys is 18 years.³³

Arab and North African countries

22. No common theme emerges from the actions undertaken by Arab countries to combat harmful traditional practices.³⁴ Each country appears to legislate and tackle harmful practices in different ways. Egypt has criminalized excision through a decree prohibiting the medical profession from carrying out female circumcisions.³⁵ The operation may only be performed where disease is present or if approved by the chief of the obstetric and gynaecological department of the hospital, at the suggestion of the attending physician.³⁶ Mauritania has also launched a programme to combat practices harmful to women's health, in particular female genital mutilation.³⁷ Jordan is specifically targeting crimes of honour by repealing the article in its Penal Code that exonerates the perpetrators of such crimes and replacing it by a provision that prevents and punishes crimes of honour.³⁸ Morocco has developed a national plan to integrate women into development.³⁹

B. Other sources of information

23. As usual, in the absence of further information from the Governments concerned by the harmful practices relating to her mandate, the Special Rapporteur has closely monitored press reports.

24. Certain news items give rise to hope, for instance the announcement that the six excisers in the village of Kosseye to the west of Niamey (Niger) have downed their knives, thus putting an end to the nightmare for girls. This is due to an effective awareness-raising campaign by the Nigerian Committee against Harmful Traditional Practices.
25. In January 2003, however, a movement of women doctors in Nairobi decided to tackle the risks caused by female circumcision and the other types of mutilation performed by traditional excisers. They themselves now perform operations on almost 10 per cent of girls and women, which clearly runs counter to the measures taken at the international level to eradicate this practice completely.
26. Similarly, despite the laudable efforts undertaken over a number of years by the Government of Burkina Faso, the excisers seem to prevail in a village situated 150 km to the west of the capital. The female circumcision rate in the village is 87 per cent and neither awareness-raising campaigns nor a legal crackdown have been successful in lowering the rate. According to the National Committee against Excision, the practitioners of female genital mutilation enjoy a privileged status grounded in complicity on the part of the population which is proving to be an obstacle to the dismantling of the network of excisers. The Special Rapporteur fully endorses the explanation given by Burkina Faso's Minister for Social Affairs that the practice cannot simply be brushed aside in a few years and that efforts to instigate change are a long-term endeavour.
27. Nevertheless, it would seem that, unlike in Niger where the economic retraining of excisers is encouraged, many in Burkina Faso advocate the strict application of the law to stamp out the harmful practice. It is hoped that some assistance will therefore be provided to the country's leaders, so that they are able to solve the economic problem that the relinquishment of their deplorable source of income represents for excisers.
28. The question of crimes committed in the name of honour continues to be the subject of articles and gives rise to numerous comments, particularly when such crimes take place "abroad", in other words in Europe. On 13 February 2003, the French newspaper *Le Figaro* recalled the murder in Sweden a year earlier of a young Kurdish woman by her father. In 1998, several months before the crime, the young woman, who had been living in Sweden with her family for 18 years, had told the media about the threat facing her. Her father and brothers, having discovered her love for a young Swedish man - who had, moreover, lost his life in a car accident - had beaten her regularly and threatened to kill her, considering this to be the only way to cleanse their honour. She had even participated in a parliamentary seminar entitled "Violent acts committed in the name of honour". At the seminar, she had stated that if society had met its responsibilities and integrated her family, the situation could have been avoided.
29. In the days following this young Kurdish woman's death, the legal age for marriage was raised to 18 years. Nevertheless, a recent survey conducted by the press has just revealed that girls aged between 12 and 15 from the Muslim, Christian and Syrian Orthodox communities alike entered into marriage in Sweden in 2002.
30. Against this background, the question of crimes committed in the name of honour is no longer taboo. The General Assembly, which decided to biennialize the issue of harmful traditional practices, nevertheless included in its resolution 57/214 on extrajudicial, summary or

arbitrary executions a paragraph (para. 6) calling upon the Governments concerned to investigate promptly and thoroughly all cases of killings committed in the name of passion or in the name of honour. The Special Rapporteur, who has, in recent years, called continually on NGOs on the Asian continent to provide her with details of the situation affecting a large number of women throughout the continent, has not yet received information. Nevertheless, some good news has emerged from the press, namely that, at the end of August 2002, the State of Madhya Pradesh in central India established seven special courts to address the question of inciting widows to commit suicide, a Hindu tradition outlawed since 1829.

II. REGIONAL AND INTERNATIONAL INITIATIVES

31. In 2003, in the context of the campaign against female genital mutilation, the Special Rapporteur has been pleased to promote regional initiatives that are of international significance. In February 2003 the Inter-African Committee held a conference in Addis Ababa. Although she was invited, the Special Rapporteur was unfortunately unable to attend because of a prior engagement. She was, nevertheless, able to participate in the Afro-Arab Expert Consultation held in Cairo in June 2003.

Addis Ababa conference

32. From 4 to 6 February 2003 the Inter-African Committee held a conference in Addis Ababa on zero tolerance for female genital mutilation. The Inter-African Committee, which has been active since the early 1980s, focusing exclusively on the African continent, considered that it was necessary to go beyond providing information, training, education and assistance on the ground and that there was a need to strengthen the common will of the international community to put an end to female genital mutilation, which should be strongly and universally condemned.

33. In addition to article 24 (3) of the Convention on the Rights of the Child, which requests States Parties to take appropriate measures with a view to abolishing traditional practices prejudicial to the health of children, and article 5 of the Convention on the Elimination of Discrimination against Women on the elimination of prejudices and harmful practices, the Vienna Programme of Action adopted at the World Conference on Human Rights stressed the importance of working towards the eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional practices (para. 38). Likewise, in 1994, a year after the Vienna Conference, the Programme of Action of the International Conference on Population and Development requested that action should be taken to eliminate child marriage and female genital mutilation (para. 5.5). In addition, the Beijing Platform for Action reinforced the condemnation of certain traditional, customary or modern practices that violate the rights of women (para. 224).

34. In 1998, the General Assembly reaffirmed the need to put an end to traditional and customary practices such as female genital mutilation that affect the health of women and girls.

35. Although there has been some recognition and a certain amount of progress on the international scene with regard to the reasons behind harmful traditional practices, the

challenge was and continues to be the implementation of international standards and principles at the national and local levels. Nevertheless many organizations are making tremendous efforts in village after village and region after region to inform, educate and instigate change.

36. In addition to this painstaking work - which, nevertheless, must be stepped up - it has become apparent to the Inter-African Committee, which benefits from a vast wealth of practical experience gained from its presence in over 26 African countries, that it would also be useful to mobilize the international community around a common agenda on the struggle against female genital mutilation. In this context, the Committee decided to organize a conference aimed at intensifying the struggle to eradicate female genital mutilation and other harmful practices as a renewed expression of an international and regional commitment to combat female genital mutilation, with the adoption of a joint programme of action for the actors in the struggle against female genital mutilation aimed at eradicating such practices by 2010 and declaring an international day of zero tolerance of female genital mutilation. The estimated budget for the implementation of the project exceeds US\$ 15 million.

37. At the Addis Ababa conference, 6 February was declared the International Day of Zero Tolerance of Female Genital Mutilation. Furthermore, the conference served as a catalyst for action by the various actors (Governments, specialized institutions, United Nations bodies, parliamentarians, NGOs, etc.) with a view to coordinating approaches and activities in the framework of a joint programme of action that would aim to identify the specific responsibilities of the various actors in their spheres of activity and competence. The programme of action is aimed at the total elimination of female genital mutilation in Africa and throughout the world by 2010. The Inter-African Committee is convinced that the agenda, although highly ambitious, is not unrealistic given the spectacular progress that has been achieved at the local, national and regional levels in terms of awareness and the struggle against such practices. The conference participants recognized the need to establish a timetable for action that would allow for the objective evaluation of progress.

38. The common agenda for 2003 to 2010 comprises 11 objectives. It aims to:

- (a) Determine, by means of operational research, the extent and nature of female genital mutilation for purposes of targeted intervention;
- (b) Produce information, education and communication brochures appropriate for the campaign against female genital mutilation;
- (c) Establish training and information campaigns for the groups concerned;
- (d) Organize special programmes for religious leaders;
- (e) Encourage young people to be heavily involved in the process of eradicating female genital mutilation;
- (f) Organize training programmes for information and media professionals;
- (g) Establish retraining programmes for health professionals;

- (h) Identify viable alternatives for former excisers;
- (i) Conduct awareness-raising campaigns among decision-makers and facilitate the identification and adoption of laws against female genital mutilation;
- (j) Strengthen cooperation between the government departments concerned, the World Health Organization, the specialized agencies of the United Nations and other bodies with a view to adopting a comprehensive approach towards the elimination of female genital mutilation;
- (k) Provide assistance and advice to the victims of female genital mutilation.

39. For each of the 11 objectives, the common agenda identifies a series of activities and the population group to be targeted by these activities. Thus, mobilizing the traditional and modern media and providing excisers with micro-project management training are some of the activities designed for religious leaders, young people, excisers, media professionals, decision-makers and members of the different communities in the context of information and training campaigns.

40. Similarly, the common agenda must be implemented and followed up by a large number of actors, in particular the United Nations system, the World Bank, regional organizations, and, more particularly, the African Union, the Inter-Parliamentary Union, national aid and development agencies, schools and universities, among others, under the guidance of the Inter-African Committee, its national committees and affiliates.

41. An annual evaluation of progress in implementing the agenda will be conducted. In this connection, the Special Rapporteur, who fully supports the project, proposes to report on progress made and remaining obstacles. In this context her annual reports to the Sub-Commission will provide an opportunity to provide updates. The Special Rapporteur proposes to the Sub-Commission and to the Commission that they envisage a procedure whereby her report should be brought to the attention of the Commission, and even of the General Assembly, to afford greater publicity to the agenda and its implementation.

42. The Special Rapporteur takes this opportunity to express her gratitude to the Inter-African Committee for its work and commitment in combating female genital mutilation and its support for her mandate, as well as for the information it submits to her on a regular basis.

Cairo Consultation

43. In the context of a campaign launched and financed by the European Union on the theme "Stop FGM", the Special Rapporteur was invited to participate in a consultation of African and Arab experts aimed at identifying legal means of preventing female genital mutilation. The consultation was organized by the Association of Italian Women for Development (AIDOS) and the organization No Peace Without Justice under the auspices of the National Council on Children and Motherhood, an Egyptian government body, established by the First Lady of Egypt, Ms. Suzanne Mubarak, and the European Commission. The consultation, held from 21 to 23 June 2003 at Cairo, made it possible to review existing legislation against female genital mutilation so as to define the kind of legislation most effective in preventing and ending the practice.

44. The consultation was open by Ms. Mubarak, and was attended by Muslim, Christian and Coptic religious leaders, in particular Sheikh Tantawi, Pope Shenuda III (Pope of Alexandria and patriarch of the See of Saint Mark), as well as the patriarch of the Egyptian Coptic Church. Their presence once again allowed any doubts regarding a religious justification for female genital mutilation to be resolved. Following on from the 1998 Banjul Declaration, issued at the conclusion of a symposium of 26 religious leaders and medical practitioners from 11 African countries, which clearly affirmed that no religion endorsed female genital mutilation and which condemned the practice, the Cairo Consultation reinforced the condemnation of female genital mutilation by religious authorities.

45. The Special Rapporteur welcomes this initiative, which strengthens the campaign against female genital mutilation funded by the European Union and the consultation itself. The interest expressed by the European Union and its commitment to countering female genital mutilation augur well for an end to such practices. However, the Special Rapporteur wishes to recall that only a concerted approach, embracing all actors involved in efforts to combat female genital mutilation, and taking account of developments at the national, regional and international levels, is likely to succeed. In the context of the consultation of experts, the Special Rapporteur regretted that many efforts and initiatives against female genital mutilation taken, certainly with a degree of success, over more than 20 years seem to have been neglected or overlooked. The occasion should, however, have allowed progress to be consolidated and repetition of initiatives that have not led anywhere to be avoided. In this connection the Special Rapporteur has frequently observed that, while there is a need for a legal framework prohibiting female genital mutilation, it is only one element in combating such practices. Legislation can be effective only if buttressed by specific activities offering training, information and education to the population groups in question. The role of religious authorities, the media, health professionals, teachers, to cite only those, is essential if law is to fulfil its preventive, and ultimately punitive, function.

46. In addition, the fight against female genital mutilation and other harmful practices, which requires full and total commitment above and beyond fashionable approaches, must be carried out in respect for the victims, with sensitivity towards the communities concerned and the cultural elements underlying such practices, the ultimate objective being conformity of law and practice with human rights principles and respect by States for their international commitments.

47. The Special Rapporteur welcomes the fact that the Cairo Consultation allowed participants to focus their efforts and debate on the identification of a model legal framework to counter female genital mutilation. In this connection she commends the work and the successful collaboration of two organizations: the Centre for Reproductive Rights; and Research, Action and Information for the Bodily Integrity of Women. She notes with interest their publication offering a guide to legislation and policy on female genital mutilation. She also notes that the publication reflects, to some extent, an approach that she had advocated in the 1980s, namely highlighting the contradiction between certain practices and the norms defined in various international human rights instruments. In fact, in her report as Chairperson of the Working Group established by the Commission in 1985 to consider the question of harmful traditional practices, she noted, without proffering any value judgement on such practices, that "all countries that had ratified the international [human rights] instruments were confronted with the

incompatibility that existed between the obligations they had assumed as States parties to the various agreements and the maintenance of certain traditional practices, [which] had proved injurious to the physical and mental health of women and children”.

48. Following the meeting, the Cairo Declaration was adopted. The Special Rapporteur welcomed the multidisciplinary approach advocated in the Declaration, which makes legislation one component in the strategy to eliminate female genital mutilation. She also welcomes reference to the various social actors with a role to play in such efforts. She welcomes the introduction of a new concept in the context of the use of legislation. In fact, in the words of the Declaration, women and girls who are victims or potential victims of female genital mutilation have the right to commence civil proceedings to avoid being mutilated, or to demand compensation. The Special Rapporteur thinks this provision is particularly positive and useful, all the more so since the possibility of obtaining compensation adds a new dimension to the fact that female genital mutilation is a violation of the fundamental rights of the individual. Nevertheless, she regrets the lack of clarity in the provision, which does not indicate how compensation is to be obtained, what recourse channels are available and to whom appeals should be addressed. The Special Rapporteur also regrets the reference made to consent on the part of the victim not altering the criminal nature of the mutilation, not because she considers that such consent might justify mutilation but because she is concerned that the provision might be hijacked by opponents of the reproductive rights of women and of control by women of their sexuality. In fact, if express mention is made of the invalidity of consent by women to excision, or to genital or other mutilation, by analogy a woman's consent in determining pregnancy and with respect to her sexual life might also not be valid. The Special Rapporteur welcomes the mention of human rights treaty mechanisms and their conclusions and recommendations.

49. The Special Rapporteur particularly appreciated the invitation to the Cairo Consultation. It allowed her to note Egypt's commitment to efforts to counter female genital mutilation. Nevertheless the Special Rapporteur feels compelled to record a certain astonishment at the level of commitment by Egypt to such efforts and the paucity of information - not to say absence of information - submitted to her by Egypt over the past five years. In 1997 the Special Rapporteur was informed of the decree of the Egyptian Ministry of Health, endorsed by the Council of State, condemning excision on the basis of Penal Code provisions prohibiting “touching of the human body other than in the case of medical necessity”. The Special Rapporteur recalls that in the Arab world female genital mutilation is practised exclusively in Egypt, the Sudan and Yemen as a result of their links with the African continent and the belief that the practice protects the chastity of girls. She notes with interest that a programme to counter excision was launched in January 2003 by six governorates in Upper Egypt, a conservative and marginalized region in the south. The aim of the programme is to create “model villages” before expanding the experiment to other governorates. Twelve non-governmental organizations are entrusted with implementing the programme in coordination with local authorities and associations. The programme aims to create a comprehensive climate of opposition to female genital mutilation by organizing literacy courses for mothers, awareness-raising meetings and public discussion. According to the most recent government study, dating from 2000, 97 per cent of Egyptian women have undergone excision. According to certain non-governmental organizations (Caritas) these figures, which relate only to married women between 15 and 49 years of age, overstate the true situation. Moreover, according to the study, the number of women in favour of female genital mutilation declined from 82 per cent in 1995 to 75 per cent in 2000.

Anti-Female Genital Mutilation Support Committee

50. In the context of action by European bodies to counter female genital mutilation and other harmful practices, the Special Rapporteur received additional information on the DAPHNE project, launched in 1998, and mentioned previously in her fourth report (E/CN.4/Sub.2/2000/17, paras. 30-34). This project, co-financed by the European Commission and Dutch institutions, was intended primarily to publish a study prepared by the Ghent (Belgium) Centre for Reproductive Health on the question of female genital mutilation in Europe. Pursuant to the project, three organizations - the African Women's Organization, based in Austria; the Refugee Organization Netherlands (VON); and the Swedish National Association for Ending Female Genital Mutilation (RISK) - received European Union funding for a two-year project intended to prepare an education package on female genital mutilation and to establish a training programme for trainers from member countries of the Union. The three organizations decided to form a support committee to assist them in implementing the project. In this connection the Special Rapporteur is happy to inform the Sub-Commission that she has accepted an invitation to form part of the Committee, comprising, in addition to herself, Ms. Barbara Prammer, a member of the Austrian Parliament and goodwill Ambassador of the Inter-African Committee to the European Union, Mr. Ndioro Niage, Director of the International Organization for Migration, Ms. Khadidiatou Diallo of the Women's Group for the Abolition of Sexual Mutilation (GAMS) in Belgium, and Ms. Berhane Ras-Work, Chairperson of the Committee. The Special Rapporteur will, of course, keep the Sub-Commission informed of developments in the project and the work of the Support Committee.

51. The Special Rapporteur finds these initiatives extremely encouraging while noting that they are based exclusively on efforts to combat female genital mutilation. She hopes for an end to such practices by 2010, in accordance with the common agenda. Nevertheless she trusts that other harmful practices will not be overlooked and that the international community will devote as much energy to combating these other practices, such as forced marriages, child marriages, the offering of young virgins to priests, saints or "gods", and crimes of honour, to cite only some.

III. CONSIDERATION OF DEVELOPMENT OF THE MANDATE

52. Further to the many reports submitted to the Sub-Commission pursuant to her mandate, the Special Rapporteur is of the view that it is for her and the Sub-Commission to consider the development of her mandate and the impetus to be given to it in the light of progress made and the obstacles remaining.

53. The Special Rapporteur notes with satisfaction the increasing attention accorded the question of harmful traditional practices, both by other human rights mechanisms and by regional organizations and institutions. In this connection she notes with interest that, reflecting a view that she has always maintained, the question of certain harmful practices has been examined in the context of violence against women. In fact the Commission's Special Rapporteur on violence against women devoted part of her 2002 report to the question of harmful practices, and developed the issue in her final report. The Special Rapporteur on traditional practices has routinely stressed the multidimensional nature of harmful practices, one

aspect of which is violence against women, which generally stems from the status and role of women in society. It thus seems that despite the somewhat culturally specific nature of certain practices, such as female genital mutilation, many practices are universal in the violence that they embody against women and girls.

54. This observation leads the Special Rapporteur, and thus the Sub-Commission, to question the appropriateness of the vocabulary thus far used and the predominance accorded to tradition and hence culture, whereas the general phenomenon of violence is universal. It would appear that the reference to tradition in the wording of the mandate of the Special Rapporteur - harmful traditional practices - obfuscates the universal aspect of violence against women. In this connection consideration could perhaps be given to the possibility of speaking of "harmful practices" and not of "harmful traditional practices".

55. The Special Rapporteur also notes that female genital mutilation is the subject of particular attention in the international community. As mentioned above in this report, such sustained interest, translated into concerted, global action, augurs well for ending female genital mutilation. The Special Rapporteur proposes to follow in detail implementation of the common agenda for action against female genital mutilation, under which the target date for ending such practices is 2010. Further, she considers it equally important to closely follow developments in the so-called "host" countries. In this connection she wishes to recall her comments in previous reports that the demonization of minority cultures and traditions that would lead to the stigmatization of certain groups and reinforce racism and discrimination must be avoided, these being factors that lead communities to focus in on themselves and their practices. Only suitable legislation, buttressed by programmes of action, training and information, and education in respect for the cultural values of the community in question, can bring about an end to the harmful practices concerned.

56. Further to the interest accorded female genital mutilation, the Special Rapporteur draws the attention of the international community to the need not to neglect other practices. In this regard she welcomes the information submitted at the twenty-eighth session of the Working Group concerning discrimination, in particular gender-based discrimination, in the perpetuation of slavery-like practices. In fact the Working Group has received information relating to forced marriages and marriages of children, practices which affect girls almost exclusively. Although she does not wish to repeat the information included in the Working Group's report, the Special Rapporteur wishes to refer to the broad range of cases occurring in various regions of the world. She is particularly interested by the information submitted by police forces in the United Kingdom, which reported on their work to counter forced marriages of certain young girls, and the assistance made available to them. The link between such marriages and certain honour crimes was raised. It seems that the element that is common to various harmful practices posing a danger to young girls, whether female genital mutilation or forced marriages, is a blatant contradiction, namely that the honour of the family depends solely on girls, which, on the one hand, places on them an immense and unfair responsibility, and, on the other hand, highlights the total lack of consideration accorded young girls, their opinions, their aspirations and their feelings. These girls have no existence of their own and their fate is intimately linked to the will of the family. This situation, based on beliefs and myths, makes any information and

awareness-raising campaigns difficult since, in most cases, with few exceptions, parents do not actually intend to harm their daughters, and the practices stem from the closeness of the family structure and the codes and values of certain societies. A first element in any awareness-raising must be demystification of the place of girls in family honour, reinforcement of the self-esteem of girls and information for parents. Where the individuals in question are immigrants, the role of the economic, social and political integration of communities in respect for the laws of the host country and appreciation of the cultural values of the community are essential.

57. Consequently, the Special Rapporteur would wish increased attention to be paid to harmful practices other than female genital mutilation. She appeals to all those of good will to provide assistance in identifying such practices. In this regard she intends to circulate a questionnaire that could help in identifying the problem. She also wishes to highlight the universal nature of violence against women, even if some forms are more culturally specific than others. She cites as evidence the nutritional violence inflicted on themselves by an increasing number of teenage girls in so-called “developed” countries. These nutritional difficulties reflect a lack of self-esteem in young girls, an image imposed by society concerning standards of beauty. While forms of violence take different forms, it is nonetheless true that girls are victims of the image imposed on them by society.

IV. CONCLUSIONS

58. The Special Rapporteur is gratified to have been able, once again this year, to discharge the mandate entrusted to her by the Sub-Commission, a mandate which is to encourage at both the national and international levels the implementation of a plan of action on harmful traditional practices while closely monitoring implementation.

59. The Special Rapporteur commends the Sub-Commission for having, since 1983, demonstrated its profound commitment to women victims of all forms of discrimination, including harmful practices. Its pioneering role in this specific area of the defence of human rights and the results obtained as a result of its intent to end such flagrant violations affecting women and girls in particular are cause for genuine satisfaction on the part of the Sub-Commission.

60. However, the Special Rapporteur cannot allow herself to rest on her laurels, as much remains to be done. The Sub-Commission must thus continue to follow the issue closely and encourage further efforts and further positive results. In this vein the Special Rapporteur proposes that the Sub-Commission should follow up on implementation of the agenda for action by 2010, drawn up by the Addis Ababa conference on the initiative of the Inter-African Committee.

61. Further, in view of the problems posed for host countries by certain practices imported by communities in their territory, the Special Rapporteur proposes that such instances of harmful practices should be the subject of an in-depth study in cooperation with non-governmental organizations and the competent authorities. Further, she hopes to be in a position to quantify all harmful practices other than female genital mutilation so that action to combat such practices can be taken, while respecting the cultures and identity of the population groups in question.

62. In this regard the Special Rapporteur proposes to prepare a questionnaire for Governments to identify all acts and practices against women aimed at maintaining them in a situation of inferiority, dependence and submission.

63. Lastly, an evaluation should be conducted, based on statistics and firm data, allowing the extent of progress in combating female genital mutilation to be assessed along with the remaining obstacles requiring new efforts to overcome them. Such an evaluation requires comprehensive cooperation between the Special Rapporteur and all those who, at the national and international levels, are involved in this question.

64. This is without doubt an ambitious programme, but which it should be possible to carry out given the political will demonstrated thus far by a large number of the Governments involved, the unfailing commitment of non-governmental organizations working in the field, the solidarity demonstrated by such NGOs and international organizations, and lastly the commitment undertaken by many specialized agencies to contribute to efforts to combat such practices.

Notes

¹ E/CN.4/Sub.2/1996/6, E/CN.4/Sub.2/1997/10, E/CN.4/Sub.2/1997/10/Add.1, E/CN.4/Sub.2/1998/11, E/CN.4/Sub.2/1999/14, E/CN.4/Sub.2/2000/17, E/CN.4/Sub.2/2001/27 and E/CN.4/Sub.2/2002/32.

Countries considered in the aforementioned reports: Angola, Argentina, Armenia, Austria, Azerbaijan, Belarus, Belize, Bolivia, Botswana, Brazil, Burkina Faso, Canada, Central African Republic, Chile, China, Colombia, Côte d'Ivoire, Cyprus, Czech Republic, Denmark, Djibouti, Egypt, Finland, France, Gambia, Germany, Ghana, Guatemala, Guinea, Iraq, Israel, Jordan, Kiribati, Lebanon, Mauritania, Mauritius, Mexico, Morocco, Nepal, Netherlands, New Zealand, Niger, Nigeria, Norway, Pakistan, Palau, Peru, Philippines, Portugal, Qatar, Russian Federation, San Marino, Senegal, Spain, Sudan, Sweden, Switzerland, Thailand, Togo, Tunisia, Turkey, Uganda, Ukraine, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Uzbekistan.

² Algeria, Antigua and Barbuda, Australia, Bahrain, Belarus, Belize, Brazil, Burkina Faso, Canada, China, Croatia, Democratic Republic of the Congo, Denmark, Ecuador, Egypt, El Salvador, Ethiopia, Georgia, Ghana, Greece, Hungary, Iraq, Jamaica, Jordan, Kuwait, Luxembourg, Malaysia, Maldives, Malta, Mauritius, Mexico, Monaco, Morocco, Netherlands, Norway, Oman, Paraguay, Philippines, Portugal, Qatar, Saudi Arabia, Singapore, Spain, Suriname, Sweden, Syrian Arab Republic, Thailand, Trinidad and Tobago, Turkey, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay.

³ A/53/354, A/54/341, A/56/316 and A/57/169.

⁴ Australia, Austria, Canada, Cyprus, Denmark, Finland, France, Germany, Greece, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland.

⁵ Canada, A/54/341 and E/CN.4/Sub.2/1997/10; Finland, E/CN.4/Sub.2/1998/11; Netherlands, A/56/316; New Zealand, E/CN.4/Sub.2/2001/27 and <http://cyber.law.harvard.edu/population/fgm.htm>; Norway, A/56/316; Sweden, E/CN.4/Sub.2/1997/10 and E/CN.4/Sub.2/2001/27; United Kingdom, E/CN.4/Sub.2/1998/11.

⁶ E/CN.4/Sub.2/2001/27, para. 10.

⁷ Canada, Penal Code, art. 268; New Zealand, Crimes Act, 1961, 204A, <http://cyber.law.harvard.edu/population/fgm.htm>; United Kingdom, Prohibition of Female Circumcision Act, 1985.

⁸ Canada, A/54/341 and E/CN.4/Sub.2/1997/10; Denmark, A/54/341 and E/CN.4/Sub.2/2002/32; Finland, E/CN.4/Sub.2/1998/11; Netherlands, A/54/341, A/56/316 and E/CN.4/Sub.2/1996/6; New Zealand, E/CN.4/Sub.2/2001/27; Norway, A/56/316 and E/CN.4/Sub.2/2002/32; Sweden, E/CN.4/Sub.2/1996/6, E/CN.4/Sub.2/1997/10 and E/CN.4/Sub.2/2001/27; United Kingdom, A/56/316 and E/CN.4/Sub.2/1998/11.

⁹ France, E/CN.4/Sub.2/2000/17; Germany, E/CN.4/Sub.2/2000/17; Portugal, E/CN.4/Sub.2/1998/11.

¹⁰ France, E/CN.4/Sub.2/2000/17; Germany, E/CN.4/Sub.2/2000/17.

¹¹ Australia, Netherlands, Spain, Sweden, United Kingdom, A/57/169.

¹² Canada, Monaco, Netherlands, Portugal, Spain, A/57/169.

¹³ A/56/316.

¹⁴ Belarus, A/57/169 and E/CN.4/Sub.2/1996/6; Georgia, A/54/341 and A/56/316.

¹⁵ Angola, Botswana, Burkina Faso, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Ethiopia, Gambia, Ghana, Guinea, Mauritius, Niger, Nigeria, Senegal, Sudan, Togo, Uganda, United Republic of Tanzania.

¹⁶ Burkina Faso, A/56/316 and E/CN.4/Sub.2/1997/10; Central African Republic, E/CN.4/Sub.2/1999/14; Côte d'Ivoire, E/CN.4/Sub.2/2000/17; Djibouti, E/CN.4/Sub.2/2000/17 and E/CN.4/Sub.2/2001/27; Ethiopia, A/56/316; Ghana, <http://cyber.law.harvard.edu/population/fgm/ghana.fgm.htm>; Guinea, E/CN.4/Sub.2/1999/14;

Niger, E/CN.4/Sub.2/1996/6; Nigeria, E/CN.4/Sub.2/2000/17 and E/CN.4/Sub.2/2001/27; Senegal, E/CN.4/Sub.2/2000/17; Sudan, E/CN.4/Sub.2/1996/6; Togo, E/CN.4/Sub.2/2000/17; United Republic of Tanzania, A/54/341 and E/CN.4/Sub.2/2000/17.

¹⁷ Act No. 484 (1994) amending the Penal Code of 1960 (Act No. 29), <http://cyber.law.harvard.edu/population/fgm/ghana.fgm.htm>.

¹⁸ Penal Code of 1995, <http://cyber.law.harvard.edu/population/fgm/djibouti.penal.htm>.

¹⁹ Burkina Faso, Act No. 043/96/ADP of 13 November 1996 on the Penal Code, <http://cyber.law.harvard.edu/population/fgm/burkina.fgm.htm> and Côte d'Ivoire, Act No. 98-757 of 23 December 1998, <http://droit.francophonie.org/bj/TexteHTM/C10/C10E0016.htm>.

²⁰ A/56/316 and E/CN.4/Sub.2/1997/10.

²¹ A/54/341.

²² E/CN.4/Sub.2/1996/6.

²³ Ibid.

²⁴ Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, Peru, Uruguay.

²⁵ Belize, A/54/341; Guatemala, E/CN.4/Sub.2/1998/11 and E/CN.4/Sub.2/2001/27.

²⁶ E/CN.4/Sub.2/1998/11 and E/CN.4/Sub.2/2001/27.

²⁷ Armenia, Azerbaijan, China, Israel, Malaysia, Maldives, Nepal, Philippines, Thailand, Turkey.

²⁸ Except Israel, E/CN.4/Sub.2/1998/11.

²⁹ China, E/CN.4/Sub.2/2002/32 and A/56/316; Thailand, A/56/316, A/57/169 and E/CN.4/Sub.2/1996/6.

³⁰ E/CN.4/Sub.2/2000/17.

³¹ A/57/169.

³² E/CN.4/Sub.2/1998/11.

³³ A/56/316.

³⁴ Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Tunisia.

³⁵ E/CN.4/Sub.2.2000/17 and E/CN.4/Sub.2/2001/27.

³⁶ Decree No. 261 of the Ministry of Health and Population (8 July 1996),
<http://cyber.law.harvard.edu/population/fgm/egypt.fgm.htm>.

³⁷ E/CN.4/Sub.2/2001/27.

³⁸ A/57/169.

³⁹ A/56/316.



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